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FACSIMILE TRANSMITTAL

TO: Examiner Stephen E. Jones
COMPANY: U.S. Patent and Trademark Office
FAX NO.: 571-273-8300

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Intellectual Property Department

FAX NO.: 972-477-9328
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DATE: September 8, 2005
TOTAL PAGES (Incl. cover) 11

Serial No: 09/987,376
Attorney Docket No.: 132706

I hereby certify that the following documents are being transmitted via facsimile to the U.S. Patent and Trademark Office on September 8, 2005. Each document is comprised of 1 page unless otherwise specified.

1. Facsimilie Transmittal
2. Fee Transmittal for FY 2005
3. Terminal Disclaimer
4. Amendment (6 pgs)
5. Change of Correspondence Address – Application
6. Statement under 37 CFR 3.73(b)

Jerri Pearson

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**130.00****Complete if Known**

Application Number	09/987,376
Filing Date	November 14, 2001
First Named Inventor	Wilber, et al
Examiner Name	Stephen E. Jones
Art Unit	2817
Attorney Docket No.	132706

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: **50-0838** Deposit Account Name: **ALCATEL**

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x 50.00	=	0.00
HP = highest number of total claims paid for, if greater than 20			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x 200.00	=	0.00
HP = highest number of independent claims paid for, if greater than 3			

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
360.00	0.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	0	/ 50 = 0 (round up to a whole number) x	250.00	0.00

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	0.00
Other: Terminal Disclaimer (Fee code 1814)	130.00

SUBMITTED BY		Registration No.	Telephone
Signature		22,753 (Attorney/Agent)	(972) 519-3735
Name (Print/Type)	V. Lawrence Sewell	Date	9/8/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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